



State of Tennessee
Department of Commerce and Insurance
Board of Architectural and Engineering Examiners
500 James Robertson Parkway, Third Floor Nashville, TN 37243-1142
800-256-5758 615-741-3221 615-532-9410 (Fax)

Architect Registration — Reapplying

You may fill out forms and applications online. The forms and applications have to then be printed because they must be signed and/or notarized.

Note

If you previously held registration in Tennessee and are reapplying for registration, you will need to complete a new application, update your experience, and submit new references in support of your application. Unless otherwise advised, you do not need to have your educational transcripts submitted to the Board office. **We do not grant temporary licenses.** You must be registered prior to the offering or rendering of services.

Law and Rules

The Law and Rules can be accessed from the Board's home page. The registration law for architects, engineers, landscape architects, and registered interior designers is found at *Tennessee Code Annotated*, Title 62, Chapter 2. You may, also, contact the Board office to request a copy of the Law and Rules, which are subject to change.

NCARB Council Record

Contact the [National Council of Architectural Registration Boards \(NCARB\)](#) to have your Council Record submitted to the Board office. You must complete the application in its entirety including the education, experience, and reference sections of the application.

Fees

Make checks payable to the **Tennessee Department of Commerce and Insurance.**

- Application Fee - **\$55** (nonrefundable fee that must accompany the application)
- Biennial Registration Fee - **\$140** (if approved)

You must submit the application fee with your application. To facilitate the processing of your application, the registration fee may also be paid at this time, but is not required. If you are not approved for re-registration, the registration fee will be refunded. If you are submitting both fees, please make the check in the amount of \$195.00. Submit the application and accompanying forms, with fees, to the address on the application.

Forms

(1) Application Form –

- Fill out the application form completely (on-line or after downloading it), sign it, and have it notarized. Any major modification of state approved forms may cause the Board to reject your application.
- Provide detailed information regarding your architectural design work and responsibility on projects, progressive in nature, to enable evaluation of experience. All time/experience must be accounted for whether it is related to architecture or not.

(2) Reference Form –

- Submit three references (in addition to the references in your NCARB record).
 - References must be from registered architects who are personally acquainted with your technical ability and character.
 - References are required from both a current employer/supervisor and a past employer/supervisor (if applicable).
- References from relatives are not acceptable.
- You are responsible for sending reference forms to the persons listed on your application who will then submit them directly to the Board office.

(3) Affidavit Regarding Expired License –

You must submit an affidavit stating whether you have practiced or offered to practice architecture in Tennessee since your certificate of registration expired.

(4) The Summary Log of Continuing Education Activities –

You must have a minimum of twenty-four professional development hours with a majority of the hours addressing health, safety, and welfare issues and technical competency for the two-year period preceding your re-application for registration. The Summary Log of Continuing Education Activities must be completed and documentation of the hours claimed submitted with your application.

(5) Firm Disclosure Forms –

If your firm does not have a valid disclosure form on file with the Board office, you will need to submit the appropriate disclosure with your application. A search for valid firms can be made by [clicking here](#). See pages 14-16 for more information and firm disclosure forms.

Pending Status

An application that lacks required information or reflects a failure to meet any requirement will be held in a "pending" status for five (5) years from the date of the application.

Review Procedure

When your application packet is complete, it will be circulated among the architect members of the Board for review. The review may take up to eight weeks.

Board Contact

If you have questions about any of this information or about your application, call Joyce Shrum, Architect Applications Coordinator, at 800-256-5758, 615-741-3221, or send an e-mail: joyce.shrum@state.tn.us



State of Tennessee
Department of Commerce and Insurance
Board of Architectural and Engineering Examiners
500 James Robertson Parkway, Third Floor
Nashville, TN 37243-1142

APPLICATION FOR ARCHITECT REGISTRATION

Type or print legibly

Full Name _____
Last First Middle

Social Security No. _____ Date of Application _____

Residence Address _____ City _____

State/Zip _____ County _____

Residence Phone No. _____

Business Affiliation _____

Business Address _____ City _____

State/Zip _____ Official Capacity _____

Business Phone No. _____ Fax No. _____

E-Mail Address _____

Address for Correspondence: ☐ Business ☐ Residence

Date of Birth _____ City/State _____

Citizen of (State/Foreign Country) _____ Can you speak and write English? ☐ Yes ☐ No

I am applying for registration by:

☐ Examination

Have you completed the Intern Development Program? (Requirement effective December 1, 1984) ☐ Yes ☐ No

Do you have a disability that may require special accommodations in taking an examination? ☐ Yes ☐ No

☐ Comity ☐ Reapplying NCARB Certificate Number _____

(For Board use only – Please do not write below this line.)

Board Review – Examination				Board Review – Registration			
Board Member	Date	Aprvd	Dis-aprvd	Board Member	Date	Aprvd	Dis-aprvd

Full Name _____

If you have ever changed your name through marriage or action of a court or have ever been known by any other name,
please list name(s) and date(s) of change _____

Have you passed a written NCARB exam? _____ Yes _____ No

If so, name state and year _____

In what states are you registered? _____
(please give license or registration number for each)

If you have ever been registered in any states other than those named above, please list them _____

Have you ever been denied registration or had your professional license suspended, revoked, or voluntarily surrendered as
a result of disciplinary proceedings? _____ Yes _____ No

If so, name state and year _____

Have you ever been convicted of a felony? _____ Yes _____ No

If so, name place and year _____

PROFESSIONAL/TECHNICAL AFFILIATIONS

EDUCATIONAL BACKGROUND

Colleges, Universities,
Technical Schools

Dates of Attendance
(From-To)

Date of
Graduation

Degree
Received

Full Name _____

EXPERIENCE

List each engagement *in chronological order beginning with first engagement*. Provide detailed, but concise information of progressive experience on architectural design projects to enable evaluation of your experience.

Dates of Employment	Total Time Employment	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor
	Years ----- Months		
	Years ----- Months		
	Years ----- Months		
	Years ----- Months		
	Years ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Full Name _____

EXPERIENCE

List each engagement *in chronological order beginning with first* engagement. Provide detailed, but concise information of progressive experience on architectural design projects to enable evaluation of your experience.

Dates of Employment	Total Time Employment	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor
	Years ----- Months		
	Years ----- Months		
	Years ----- Months		
	Years ----- Months		
	Years ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Full Name _____

EXPERIENCE

List each engagement *in chronological order beginning with first* engagement. Provide detailed, but concise information of progressive experience on architectural design projects to enable evaluation of your experience.

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	Years ----- Months		
	Years ----- Months		
	Years ----- Months		
	Years ----- Months		
	Years ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Full Name _____

List names and complete addresses of three architects who are personally acquainted with your technical ability. References are required from both a current employer/supervisor and past employer/supervisor (if applicable).

References – Registered Architects	Complete Address
Current supervisor	
Past supervisor	

APPLICATION AND LAW AND RULES AFFIDAVIT

I hereby make application for registration as an architect and agree not to practice in the State of Tennessee until I become registered. The information provided on this application is accurate.

I attest that I have read, reviewed, and am familiar with *Tennessee Code Annotated*, Title 62, Chapter 2 and the *Rules of the State Board of Architectural and Engineering Examiners*.

Signature

Attach a photograph
taken in the last 12 months

HEAD AND SHOULDERS
ONLY

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____

Notary Public

My commission expires _____



STATE OF TENNESSEE
BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS
DEPARTMENT OF COMMERCE AND INSURANCE
500 JAMES ROBERTSON PARKWAY, THIRD FLOOR
800-256-5758 615-741-3221 (NASHVILLE AREA)

NASHVILLE, TN 37243-1142
615-532-9410 (FAX)

REFERENCE

This request letter is to be completed by the applicant

(Name and Address of Reference)

Re: _____
(Print or Type Name of Applicant)

Dear

I have made application to the Tennessee Board of Architectural and Engineering Examiners for registration to
practice ☐ architecture
☐ engineering
☐ landscape architecture

Please send the information requested on the reverse directly to the Board office in the envelope provided.

Signature of Applicant)

Board Statement to Reference:

This Board is required by law to obtain evidence of the good character and technical ability of applicants for registration as architects, engineers, and landscape architects. Statements by responsible individuals with personal knowledge of the applicant's character and qualifications will be considered as evidence. Additional information may be attached.

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be registered. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility to protect the public health, safety and welfare. It should be borne in mind that the applicant is not being considered for membership in an organization but for registration as an architect, engineer, or landscape architect, qualified to practice in Tennessee.

Since the Board cannot process this application until it receives this reference, a prompt reply will expedite our handling of the application.

THE INFORMATION YOU GIVE WILL BE TREATED IN THE STRICTEST CONFIDENCE.

(see reverse)

Applicant's name _____

TO BE COMPLETED BY THE REFERENCE

THIS IS CONFIDENTIAL INFORMATION – FOR USE OF BOARD MEMBERS ONLY

1. How long have you known the applicant? From _____ to _____ inclusive
2. Are you in any way related to the applicant? _____ What relationship? _____
3. What has been your connection with the applicant? _____

4. If the applicant has worked for or with you, **give dates** and information pertaining to the duties performed and the character and quality of his/her work. Was the applicant actually in responsible charge of work and to what extent?

5. What is your opinion of the applicant's personal integrity and general character? _____
6. Please give your estimate of the applicant as an ____ architect ____ engineer ____ landscape architect. _____

7. To your knowledge, has the applicant ever been convicted of a felon? _____
8. Would you employ the applicant in a position of trust? _____
9. Is the applicant qualified to be placed in responsible charge of design or supervision of work, with full authority to change designs or specifications? _____
10. If the applicant is in individual practice, please indicate the nature of the practice _____

11. Do you recommend the applicant for registration? _____
12. Remarks concerning the applicant _____

I make the above statements with full knowledge that the person referred to is making application for registration by the State of Tennessee as an architect, engineer or landscape architect and after having carefully read the information given on the reverse side of this form.

- a. My full name is _____
(to be typewritten or printed)
- b. My present employer is _____
- c. My title or position is _____
- d. I am/am not a registered
____ architect
____ engineer
____ landscape architect in the State of _____ License No. _____

(Date) (Signature)

(Address)



STATE OF TENNESSEE
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<http://www.state.tn.us/commerce/boards/index/ae.html>

Affidavit Regarding Expired License

I, _____, being duly sworn, and being employed by

[illegible]

in the State of Tennessee since my Tennessee certificate of registration, number _____, expired on _____. I agree that I will not practice or offer to practice the profession checked above in Tennessee until I obtain a new certificate of registration to practice in the State of Tennessee.

Signature of Applicant

State _____

County of _____

Sworn to and subscribed before me this _____ day of _____

My commission expires _____

Notary Public

IF YOU HAVE PRACTICED ON AN EXPIRED LICENSE, PLEASE EXPLAIN IN A SEPARATE LETTER TO THE BOARD.

A DECISION CANNOT BE MADE ON YOUR NEW APPLICATION UNLESS THIS AFFIDAVIT IS PROPERLY EXECUTED.



STATE OF TENNESSEE
BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS
DEPARTMENT OF COMMERCE AND INSURANCE
Summary Log of Professional Development Hours (PDH's) Earned

_____, _____ to _____, _____

DATE(S) OF ACTIVITY	Check (✓)* if applicable	DESCRIPTION OF ACTIVITY (Title and instructor)	SPONSORING ORGANIZATION (Name and address)	PDH'S EARNED	PDH'S IN HEALTH, SAFETY AND WELFARE ISSUES & TECHNICAL COMPETENCY
TOTAL					

* Check (✓) if activity is being carried over from previous renewal period (max. 12 PDH's)

CERTIFICATION

I certify that I have completed continuing education requirements corresponding to the number of PDH's shown above for the period indicated. I understand that it is my responsibility to maintain records in support of these activities for four (4) years.

Signature: _____ Date: _____ Profession AND Registration No.: _____

Printed Name: _____ Certificate of Registration Expiration Date: _____

Mailing Address: _____



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CORPORATION, PARTNERSHIP, AND FIRM DISCLOSURE

Law

The firm disclosure form is required of corporations, partnerships, and firms practicing or offering to practice architecture, engineering, and/or landscape architecture in the state of Tennessee in accordance with *Tennessee Code Annotated* (T.C.A.) Title 62, Chapter 2, Part 6, Sections 62-2-601 and 62-2-602. Firms offering only interior design services are not required to file a disclosure with the Board.

The firm's name must be in compliance with Tennessee's "title act"--T.C.A., Sections 62-2-101 and 62-2-105(c). (A "person" includes a corporation, firm, company, or association.) The Attorney General's office has ruled that if the firm's name uses the plural form of architect, engineer, or landscape architect, then there must be more than one Tennessee registered architect, engineer, or landscape architect in the firm (they would not, however, all have to be officers and/or principals). Furthermore, if the firm's name incorporates individuals' names in conjunction with the plural form of architect, engineer or landscape architect (for example, Smith and Jones Architects), then all of the individuals listed in the name (both Smith and Jones) must hold current and active Tennessee registration, unless documentation can be provided that the individuals are retired, deceased, etc.

The law can be accessed from our home page listed above or you may obtain a copy by contacting the Board office at the address above.

Firm Disclosure

This form is for firm disclosure, not firm registration. No fee is required.

Only officers or principals who are employed full-time and hold active Tennessee registration can be in responsible charge of the firm's practice.

- A "principal" is considered to be an individual who has the authority to make independent design decisions. He/She is not required to be an officer in the firm.
- The person in responsible charge must be registered in the profession in which services are being offered.
- A person cannot be in responsible charge of more than one office.

Tennessee Branch Office Disclosure

The Tennessee branch office form (Attachment A) should only be completed if: 1) the out-of-state firm has branch offices in Tennessee, or 2) a Tennessee-based firm has more than one office in Tennessee.

- A branch office form ([Attachment A](#)) should be completed for each branch office (city or town) located in Tennessee from which professional design services are offered to the public.
- The registrant in responsible charge of a Tennessee branch office is not required to be an officer or principal.

Forms

The form that follows these instructions may be filled out online. The form must then be printed and signed. The Board does not accept electronic document filing of the disclosure form; the completed form must be mailed to the address above.

Please retain a completed copy for your records. Advise the Board, in writing, within sixty (60) days of any address change. Submit a new firm disclosure if reporting any other changes such as a firm/company name change, changes in registration status of principals or officers, changes in principals or officers who are designated to be in responsible charge, etc.

Board Contact

If you have any questions regarding the firm disclosure requirements, please contact Jason Gilliam, Firm Disclosure Coordinator at the phone numbers listed above or by e-mail at jason.gilliam@state.tn.us.



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Corporation, Partnership and Firm Disclosure

Required by *Tennessee Code Annotated, Section 62-2-601*

Each place of business providing or offering architectural, engineering, or landscape architectural services to the public in Tennessee must file a firm disclosure form.

A. Complete one form for each type of professional design service offered to the public in Tennessee.

Check one: ☐ Architecture ☐ Engineering ☐ Landscape Architecture

B. Check one: ☐ New Disclosure ☐ Update (give previous name, if different from current name):

C. Name of Firm _____

Doing business as _____

This firm is (please check one): ☐ A Business Corporation; ☐ A Professional Corporation; ☐ A Partnership;
☐ A Sole Proprietorship; ☐ Other (please explain) _____

Address _____

Telephone Number _____ Fax Number _____

Website Address (optional) _____ Firm's E-mail Address _____

D. Names, Titles, Addresses of all Officers and/or Principals. Include Tennessee registration numbers for those holding Tennessee registration. (Attach additional sheet if necessary)

E. I am the active, full-time Tennessee registrant who is an Officer and/or Principal in responsible charge of the firm's practice in Tennessee and who is registered to practice the profession indicated in section A.

Type or Print Name _____ Title _____ TN Registration Number _____

Office Address _____

Telephone Number _____ Fax Number _____ Registrant's E-Mail Address _____

Signature _____ Date _____

F. List any and each branch office (city or town) located in Tennessee from which professional design services are offered to the public. Attachment "A" must be completed for each location. _____

Please advise the Board office, in writing at the address above, within sixty (60) days of ANY changes in the above information.